Connecticut Office of Early Childhood

DIVISION OF LICENSING
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	CALISTA BOMSTER	**License Number**	DCFH.54179	**Date of Inspection**	12/06/2023
		Expiration Date	12/31/2024	**Time of Inspection**	11:49 AM
Address	27 DAY ST BROOKLYN CT 06234-3309	**Telephone**	(860) 617-6778	**Regular Capacity**	6
		Days and Hours	M-F 7AM-5PM	**School Age Capacity**	3
Is this a Change of Address?	**Yes?**	**No?** X		**Summer Care**	Open
New Address		**Type of Inspection**	UNANNOUNCED INSPECTION - FULL		
# of Infants - Toddlers Present	1 **# of Total Children Present** 6	**Inspector's Name**	Carmen Valenzuela		
Provider's Email	Kelskids27@gmail.com	**Inspector's Email**	carmen.valenzuela@ct.gov		

Key:
Compliant = X
Non-Compliant = O

***Consent to Inspect**: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).*

Signature of Provider/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

X	**4. Capacity**	
X	**5. Non-transferability of license**	**Pending?**
X	**6. Infant/Toddler Restriction**	
X	**7. License Posted**	
X	**8. Parent Access to OEC Phone Number**	
X	**9. Photo ID**	
X	**10. Requests for Information**	
X	**11. Notification of Change**	

QUALIFICATION OF PROVIDER 19a-87b-6

X	**12. Awareness of, Understanding of Regulations**	
X	**13. Medical statement** **Expiration date:** **05/13/2025**	
X	**14. First Aid Certificate** **Expiration date:** 06/05/2024	

X	**15. CPR Certificate** **Expiration date:** 06/05/2024		
X	**16. Judgment**		
MEMBERS OF THE HOUSEHOLD 19a-87b-7			
X	**17. Medical Statement**		
X	**18. Household Environment**		
QUALIFICATIONS OF STAFF 19a-87b-8			
X	**19. Substitute or Assistant** **Type of Staff :**	**Y/N** N	
X	**20. Emergency Caregiver**		
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a			
X	**21. Background Check(s)**		
PHYSICAL ENVIRONMENT 19a-87b-9			
X	**22. Clean/Sanitary Environment**		
X	**23. Freedom of Hazards**		
X	**24. Harmful Substances/Materials Inaccessible**		
X	**25. Bio-contaminants Disposed Safely**		
X	**26. Safe Storage of Flammables**		
X	**27. Safe Door Fasteners**		
X	**28. Electrical Safety**		
X	**29. Safe Exits**		
X	**30. Basement Supervision** **Used for Care ?**	**Y/N** Y **Y/N** N	
X	**31. Stairways - Protected, Handrails**		
X	**32. Emergency Plan**		

O	**33. Emergency Evacuation Drills - Quarterly/Log**	Failed to maintain a written log of the practices drills. Last entry in log is from November 2022
X	**34. Smoke Detectors**	
X	**35. Carbon Monoxide Detector**	
X	**36. Fire Extinguisher- 5 lb. ABC/Installed**	
X	**37. Auxiliary Heating System** N **Type?**	**Appvd?**
X	**38. Safe Storage of Weapons and Ammunition**	
X	**39. Safe Space- Sufficient** **Indoors** Y **Outdoors** Y	
X	**40. Body of Water- Type:** **Barrier?**	**Y/N** N
X	**41. Hot Tubs- Locked - Inaccessible**	**Y/N** N
X	**42. Ventilation, Light and Temperature- 65°**	
X	**43. Window Safety**	
X	**44. Washing Toileting, Sewage Garbage Facilities**	
X	**45. Adequate and Safe Water -** **Type of System:** Public Water	
X	**46. Water Temperature- 60°-120°**	
X	**47. Pasteurization of Milk Supply**	
X	**48. Working Phone, Emergency Numbers Posted**	
X	**49. Safe Transportation** Registered, Insured, Restraints	
X	**50. First Aid supplies**	
X	**51. Pet protection** **Pets?** **Rabies Certs?**	**Type:** 2 dogs Y Y
X	**52. Smoking Prohibited**	
RESPONSIBILITIES OF PROVIDER 19a-87b-10		
X	**53. Enrollment Form**	

O	**54. Child Health Record**	Failed to maintain current child health record(s) for one child. Failed to maintain child health record(s) for one child, form on file had only the name of child. Appointment scheduled for this month.
X	**55. Immunizations**	
X	**56. Emergency Permission**	
O	**57. Authorized Release**	Failed to maintain written parent permission to authorize removal of child(ren) in an emergency when provider cannot reach the parent for one child.
O	**58. Field Trip and Transportation Permission- To/From School**	Failed to maintain complete written parent permission for transitioning children to/from school for five children.
X	**59. Swimming Permission**	
X	**60. Incident Log**	
X	**61. Confidentiality**	
X	**62. Meeting the Child's Needs**	
X	**63. Sufficient Play Equipment**	
X	**64. Good Nutrition- Meals/Snacks, Water Available**	
X	**65. Handwashing**	
X	**66. Flexible and Balanced Written Schedule**	
X	**67. Personal Articles- Blanket, Towel, Toilet Articles**	
X	**68. Proper Rest Provisions – Safe Cribs**	
X	**69. Individual Plan for Care (Written if Applicable)**	
X	**70. Cultural Differences, Sp. Needs, Dev. Appr. Activities**	
X	**71. Infant Care, Indiv Attention, Held for Bottle Feedings**	
X	**72. Infants Placed on Back for Sleeping**	
O	**73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet**	Failed to maintain a snug fitting mattress covered with a tightly-fitted sheet for one child under 12 months of age. Provider has extra pack-n - play and fitted sheet available. Providers states she will switch infant to one pack-n-play that the fitted sheets will work well.

X	**74. Crib or Other Provision Free from Observable Hazards**	
X	**75. Infants not Swaddled**	
X	**76. Infants Supervised – minimum every 15 minutes**	
X	**77. Req. for Sleep Arrangements Posted/Discussed**	
X	**78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal**	
X	**79. Parent Information and Access**	
X	**80. Developmental Milestones – Posted**	
X	**81. Supervision- at all Times, Indoors, Outdoors**	
X	**82. Personal Schedule- Alert, Competent Attention**	
X	**83. Full Attention - Distractions, Employment, Socialization**	
X	**84. Immediate Attention**	
X	**85. Substitute – Emergency Caregiver Present**	
X	**86. Appr. Discipline, Behavior Management**	
X	**87. Discuss Beh. Management Methods w/Staff and Parents**	
X	**88. Child Protection- Abuse/Neglect**	
X	**89. Notify OEC within 24 hrs. - Death or Serious Injury**	
X	**90. Mandated Reporting Abuse or Neglect to DCF**	
	SICK CHILD CARE 19a-87b-11	
X	**91. Sick Child Care**	
IS NIGHT CARE PROVIDED?	N	**NIGHT CARE 19a-87b-12 (10pm to 5am)**
X	**92. Separate Bed- Location of Bed - Appropriate Sleepwear**	

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13		
X	**93. Access- Immediate, Entire or Part of Facility and Records**	
Are Medications Administered? Y	**ADMINISTRATION OF MEDICATIONS 19a-87b-17**	
X	**94. Policies and Procedures for Admin of Meds**	
X	**95. Parent Permission for Nonprescription Topical Meds**	
X	**96. Notification - Documentation of Med Error(s)**	
X	**97. Nonprescription Topical Meds- Stored/Labeled**	
X	**98. Unused - Expired Nonprescription Meds**	
X	**99. Documented Medication Trained Staff**	
X	**100. Written Auth Prescriber/Parent Permission**	
X	**101. MAR Maintained**	
X	**102. Prescription Meds – Stored/Labeled**	
X	**103. Unused/Expired Prescription Meds**	
X	**104. Emergency Meds- Equip. Labeled/Current**	
X	**105. Self-Admin. Of Meds**	
X	**106. Petition for Special Medication Authorization**	
Child with diabetes enrolled? N	**MONITORING OF DIABETES 19a-87b-18**	
X	**108. Policies for Finger Stick Blood Glucose Testing**	
X	**109. Finger Stick Blood Glucose Testing - Staff Trained**	
X	**110. Self Admin of Finger Stick Blood Glucose Testing**	
X	**111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed**	
X	**112. Finger Stick Blood Glucose Testing Records**	

X	**113. Parent Notification of Test Results**		

ADDITIONAL VIOLATIONS

	114. Consent Order - Negotiated Corrective Action Plan	**N/A?** X	

YES or NO?	**WERE VIOLATIONS CITED DURING THIS VISIT?**
Yes	

DISCUSSIONS:

COMMENTS:

NOTE: Any items left blank on this form were not monitored during this visit- only the regulations marked as compliant or non-compliant were monitored or discussed.

APPLICANTS-PLEASE NOTE: *You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.*

(Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	(Signature of Provider/Applicant/Substitute)
Carmen Valenzuela		12/20/2023	CALISTA BOMSTER
(Printed Name)	(Printed Name)		(Printed Name)